

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov

Ruth Ann Terry, MPH, RN
Executive Officer

AN EXPLANATION OF STANDARDIZED PROCEDURE REQUIREMENTS FOR CERTIFIED NURSE-MIDWIFE PRACTICE

This paper describes requirements for Certified Nurse-Midwives (CNMs) to legally perform functions which are considered the practice of medicine, through the mechanism of standardized procedures.

Standardized Procedures are authorized in the Business and Profession Code, Nursing Practice Act (NPA) Section 2725 and further clarified in California Code of Regulation (CCR 1474). Standardized procedures are the legal mechanism for registered nurses, and thus CNMs to perform functions which would otherwise be considered the practice of medicine. Standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized. Because of this interdisciplinary collaboration for the development and approval, there is accountability on several levels for the activities to be performed by the CNM.

Organized health care system means a health facility which is not licensed pursuant to Chapter 2 of the Health and Safety code and includes clinics, home health agencies, physician's offices and public or community health services. Standardized procedures means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.

The organized health care system for CNMs is usually an acute care facility, alternate birth center, clinic, or physician's office. The CNM must develop standardized procedures with the physician and administration in order to perform standardized procedure functions. A CNM may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedure; and must provide the system with satisfactory evidence that the CNM meets its experience, training and/or education requirements to perform the medical functions.

CNM Scope of Practice

Certified nurse-midwives (CNMs) are providers of primary health care for women and infants. Primary care by CNMs incorporates all of the essential factors of primary care and case management that include assessment, treatment, evaluation and referral as required. CNMs are often the initial contact for the provision of integrated, accessible health care services to women, and they provide such care on a continuous and comprehensive basis by establishing a plan of management with the woman for her ongoing health care.

Nurse-midwifery practice as conducted by CNMs is the independent, comprehensive management of women's health care in a variety of settings focusing particularly on pregnancy,

childbirth, the postpartum period, care of the infant, and the family planning and gynecological needs of women throughout the life cycle.

The certificate to practice nurse-midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum and postpartum care, including family planning for the mother and immediate care for the newborn. All birthing complications shall be referred to the physician immediately. The practice of nurse-midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version. "Supervision" does not require the physical presence of the supervising physician when care is rendered by the nurse-midwife.

Scope of Medical Practice

The Medical Practice Act authorizes physicians to diagnose mental and physical conditions, to use drugs in or upon human beings, to sever or penetrate the tissues of human beings and to use other methods in the treatment of diseases, injuries, deformities or other physical or mental conditions. As a general guide, the performance of any of these by a CNM requires a standardized procedure.

Standardized Procedures for Medical Functions

The means designated to authorize performance of a medical function by a registered nurse is a standardized procedure developed through collaboration among registered nurses, physicians and administrators in the organized health care system in which it is to be used. In facilities regulated by Title 22, the CNM performing the standardized procedures must be approved through the Interdisciplinary Practice Committee before the CNM is authorized to legally perform these functions.

CNMs Performing Medical Functions

When the CNM overlaps into the practice of medicine, a standardized procedure must be adhered to. The following is a brief explanation of each of the functions.

❑ Medical Diagnosis

The Legislature in granting the CNM a scope of practice recognized that nurse-midwifery practice is the independent management of women's health care. When CNMs diagnose primary care conditions unrelated to women's health care, a standardized procedure is required.

❑ Severing and Penetrating tissue

The NPA clearly states " the practice of nurse-midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version." The Board's interpretation of this statute is that CNMs are not to perform vacuum extractions or use any mechanical means during childbirth. When CNMs assist in surgery or perform surgical procedures such as a circumcision, or serve as the First Assistant, a standardized procedure is required.

❑ Furnishing Authority

Effective July 12, 1996, CNMs (with the exception of sole practitioners) were granted authority to furnish drugs and devices incidental to the provision of family planning services, routine health care and/or perinatal care rendered to essentially healthy persons pursuant to a standardized procedure. The drugs and devices furnished by the CNM shall be further limited to those drugs agreed upon by the CNM and physician and

must be specified in the standardized procedure. A formulary may be used but must be updated with the latest approved changes documented in the standardized procedure. The CNM furnishing shall not include controlled substances under the California Controlled Substance Act.

The nurse-midwife must first be certified through the BRN as a CNM before meeting the requirements for a minimum of six months physician supervision in the furnishing of drugs and/or devices and completion of an advanced pharmacology course covering the drugs or devices to be furnished.

GUIDELINES FOR DEVELOPING STANDARDIZED PROCEDURES

Standardized procedures are not subject to prior approval by the boards that regulate nursing and medicine; however, they must be developed according to the following guidelines which were jointly promulgated by the Board of Registered Nursing and the Medical Board of California. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) Section 1474; Medical Board of California, Title 16, CCR Section 1379.)

- (a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof
- (b) Each standardized procedure shall:
 - (1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.
 - (2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.
 - (3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.
 - (4) Specify any experience, training and/or education requirements for performance of standardized procedure functions.
 - (5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.
 - (6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
 - (7) Specify the scope of supervision required for performance of standardized procedure functions, for example, telephone contact with the physician.
 - (8) Set forth any specialized circumstances under which the registered nurse

is to immediately communicate with a patient's physician concerning the patient's condition.

- (9) State the limitations on settings, if any, in which standardized procedure functions may be performed.
- (10) Specify patient record keeping requirements.
- (11) Provide for a method of periodic review of the standardized procedures.

An additional safeguard for the consumer is provided by steps four and five of the guidelines which together form a requirement that CNM be currently capable to perform the procedure. If a CNM undertakes a procedure without the competence to do so, such an act may constitute incompetence and the CNM would be subject to discipline by the Board of Registered Nursing.

Standardized procedures which reference textbooks, drug formularies and other written resources in order to meet the requirements of Title 16, CCR Section 1474 (3), must include book (specify edition) or article title, page numbers and sections. Additionally, the standards of care established by the sources must be reviewed and authorized by the CNM, physician and administrator in the practice setting. Regardless of format used, whether a process protocol or disease or procedure specific, the standardized procedure must include all eleven required elements as outlined in Title 16, Section 1474.

Examples which follow are reflective of CNM practice, and encompass only the "protocol" or step 3 of the standardized procedure guidelines. Courtesy of UCLA Nurse-Midwifery Program.

STANDARDIZED PROCEDURES: REPAIR OF THIRD AND FOURTH DEGREE LACERATIONS

I. Policy

- A. Function: To diagnose and repair third and/or fourth degree lacerations of the perineum
- B. Circumstances:
 - Setting: Birth room or delivery room
 - Supervision: None required
 - Patient Contraindications: None

II. Protocol

- A. Definitions
 - 1. Third degree laceration - perineal laceration extending through the skin, mucous membrane, perineal body and involving the rectal sphincter.
 - 2. Fourth degree laceration - a third degree laceration that extends through the rectal mucosa to expose the lumen of the rectum.
- B. Data Base
 - Subjective: None
 - Objective
 - 1. With third degree laceration there is loss of rectal tone and the rectal sphincter retracts laterally revealing a hole to one side of the defect.

2. When the tear extends into the rectal lumen, a finger placed in the rectum will slip through the rectum with movement anteriorly.
- C. Treatment Plan: Medications/Follow-up as indicated on the hospital pre-printed 3rd/4th Degree Order Sheet
- D. Consultation Required for:
 1. Inability to identify tissues
 2. Difficult repair
 3. Non-certification in 3rd/4th degree repairs
- E. Record Keeping
 1. Dictate complicated vaginal delivery note
 2. Enter referral to CNM Prenatal Clinic, 2 weeks postpartum, on postpartum order sheet and POPRAS #8
 3. Record patient's name and MR# for follow-up.

III. Requirements

- A. Staff Nurse-Midwife
- B. Initial Evaluation:

Training

1. Review of videotape which discusses:
 - a) technique to repair third and fourth degree lacerations
 - b) pathogenesis and management of complications
2. Performance of a 3rd/4th degree repair under supervision of either a Resident or CNM who is certified to perform such repairs.
3. Procure supervising physician/CNM signature on certification card verifying competence in each repair.
4. To be certified in third degree repairs, CNM must complete three (3) third degree repairs following procedure in steps 2 and 3 above.
5. To be certified in fourth degree repairs, CNM must complete three (3) fourth degree repairs following procedure in steps 2 and 3 above.
6. The completed certification card is submitted to Chief Nurse-Midwife and retained in employee's file.

Certification of Previous Off-Site Training

Nurse-midwives who are hired and already possess third degree/fourth degree repair skills must supply verification of skill. Submit to Chief Nurse Midwife (to be retained in employee file).

1. Certificate from previous service or
2. Verification from previous immediate supervisor or
3. Performance and documentation on certification card of proficient repair of one third degree/fourth degree laceration. Observation criteria as in Part III. B. 2.
4. Failure to demonstrate proficiency requires compliance with full certification procedure.

C. On-going Evaluation

1. Individual statistics on third and fourth degree lacerations are evaluated biennially at the time of reapplication for clinical privileges.
2. Quarterly chart audits are conducted to evaluate untoward outcomes.

IV. Development and Approval

- A. This procedure was developed through collaboration of Nursing, Nurse-Midwifery, Medicine and Administration.

B. Review schedule: biennially

V. CNMs authorized to perform the function:
(List)

STANDARDIZED PROCEDURE: FURNISHING OF MEDICATIONS

I. Policy

- A. Certified Nurse Midwives may write an order for drugs and devices which are specified in approved formularies. Such drugs and devices are furnished incidental to the provision of family planning services, perinatal services or routine health care to essentially healthy persons.
- B. Settings: Women's and Children's Hospital and its associated ambulatory care clinics
- C. Supervision
 - 1. Furnish the drugs or devices under the supervision of the Chief of Obstetrics and his or her designate.
 - 2. No physician shall supervise more than four certified nurse-midwives at one time
 - 3. The physician supervisor is not required to be physically present at the time of the patient examination by the CNM; but must be available, at least by telephone.
- D. Limitations
 - 1. Cannot furnish controlled substances.
 - 2. May only furnish drugs listed in the approved formulary

II. Protocol

- A. Data base
 - 1. Patient selected as needing specific drug and/or device therapies as identified according to health assessment and individual clinic guidelines.
 - 2. Utilize knowledge of pharmacokinetics and pharmacodynamics to individualize and maximize therapeutic regimen selected.
 - 3. No patient or family history contraindications.
 - 4. Agency required tests and procedures relative to the drug or device being furnished demonstrate no contraindications.
- B. Action
 - 1. Drugs are ordered by prescription on Medical Center Prescription Form 543.
 - 2. As many as three drug orders may be written on one prescription blank-Form 543.
 - 3. All prescriptions must be completed in legible handwriting with a legible signature as required by California State Law.
 - 4. The patient's identification plate may be used to stamp the name and PF
 - 5. The generic name should be used for all drug orders. Synonyms, acceptable hospital name or abbreviation, and those brands for items that are made for one manufacturer are acceptable; these are listed in the Hospital Formulary.
 - 6. Dosage form, strength of drug and quantity to be dispensed must be specified.
 - 7. Print name and sign with furnisher's name and furnishing number. Inclusion of the supervising physicians printed name and California license number on the order form will facilitate dispensing of the drug or device by the pharmacist.
 - 8. On forms preprinted with MD., cross out and note appropriate degree after your signature.

9. Provide appropriate educational information to the patient including: directions for taking the drug; what to do and whom to contact if side effects occur; common side effects; possible serious or harmful effects of the drug.
10. Hand out any manufacturer-prepared information required by the FDA.
- C. Record Keeping
 1. Document in the patient record: drug, dosage, route, and instructions given.

III. Requirements

- A. Staff Nurse-Midwife with a minimum of six months of clinical experience.
- B. Initial Evaluation: Successful completion of a board approved pharmacology course; six months of physician supervised experience in furnishing; and valid California furnishing license.
- C. On-going Evaluation: Biennial random review of five patient care records from an ambulatory care setting for appropriate furnishing of medications per standardized procedure. In addition, a random review of fifteen ambulatory care charts will be included in the Nurse Midwifery Service Quarterly Report to the Women's and Children's Hospital Quality Assurance Committee.

IV. Development and Approval

- A. Method: Developed and approved by authorized representative of medicine, administration, nursing and nurse midwifery through the Interdisciplinary Practice Committee of LAC+USC Medical Center.
- B. Review: Biennial

V. CNMs authorized to perform the function: (list)

IV. APPROVED FORMULARY

Includes those medications listed in the institutions approved formulary for 2000.